

Audit

Report



**ACCOUNTABILITY AND INVENTORY LEVELS OF AIR FORCE
MEDICAL WAR RESERVE MATERIAL AT FORT WORTH, TEXAS**

Report Number 98-163

June 24, 1998

**Office of the Inspector General
Department of Defense**

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Acronyms

AFMLO
DEPMEDS
MEDLOG
WRM

Air Force Medical Logistics Office
Deployable Medical Systems
Medical Logistics System
War Reserve Material



INSPECTOR GENERAL
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June 24, 1998

**MEMORANDUM FOR ASSISTANT SECRETARY OF THE AIR FORCE
(FINANCIAL MANAGEMENT AND COMPTROLLER)**

**SUBJECT: Audit Report on Accountability and Inventory Levels of Air Force Medical
War Reserve Material at Fort Worth, Texas (Report No. 98-163)**

We are providing this report for review and comment. Comments from the Air Force were received too late to be included in the final report. DoD Directive 7650.3 requires that all recommendations be resolved promptly. Therefore, if the Air Force does not submit additional comments by July 24, 1998, we will consider the comments received as the response to the final report.

We appreciate the courtesies extended to the audit staff. Questions on the audit should be directed to Mr. Michael A. Joseph, at (757) 766-9108 (mjoseph@dodig.osd.mil) or Mr. Michael F. Yourey, at (757) 766-3268 (myourey@dodig.osd.mil). See Appendix C for the report distribution. The audit team members are listed inside the back cover.

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Report No. 98-163
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June 24, 1998

Accountability and Inventory Levels of Air Force Medical War Reserve Material at Fort Worth, Texas

Executive Summary

Introduction. This is the first in a series of reports on the efficiency and effectiveness of deployable medical systems (DEPMEDS) used by the Military Departments. DEPMEDS are standardized modular field hospitals that can be pre-positioned in the event of a contingency, national emergency, or war operations. The Air Force DEPMEDS are air transportable clinics, air transportable hospitals, and contingency hospitals. During the audit, the Air Force warehoused 10 air transportable hospitals and other associated war reserve material at two Government warehouses in Fort Worth, Texas. In 1996, DoD issued a new strategy to provide health service support for future battlefield situations. The health services support would be smaller, operate at greater distances from the enemy, and employ state-of-the-art technological advancements and innovations capable of providing medical care in theater. According to Air Force data, \$45.5 million of medical war reserve material is maintained in Fort Worth to support DEPMEDS projects.

Audit Objective. The overall audit objective was to determine whether DEPMEDS operations are managed effectively and efficiently. This report discusses how the Air Force accounted for and managed its medical war reserve material at Government warehouses in Fort Worth. We also reviewed the adequacy of the management control program as it applied to the specific objective. In subsequent reports, we will discuss the overall objective.

Audit Results. The Air Force maintained adequate accountability over medical war reserve material warehoused at Fort Worth; however, it warehoused about \$33 million of medical war reserve material that was not needed to satisfy its DEPMEDS requirements. Timely disposal of the unneeded medical war reserve material would allow DoD to reduce leased warehouse costs by about \$260,000 annually, or \$1.6 million over the Future Years Defense Program for FY 1999 through FY 2004. Additional benefits associated with administrative and operating costs of the warehouse and reutilization of the unneeded material should occur as a result of the disposal. See Part I for a discussion of the audit results and Appendix A for details on the management control program.

Summary of Recommendations. We recommend that the Commander, Air Force Medical Support Agency direct the Chief, Air Force Medical Logistics Office to dispose of the unneeded medical war reserve material and return the associated leased space back to the General Services Administration.

Management Comments. The Air Force agreed with disposing of material that is not needed. The Air Force did not agree with the amount identified as not needed. Detailed comments from the Air Force were received too late to be included in the final report. If the Air Force does not submit additional comments by July 24, 1998, we will consider the comments received as the response to the final report.

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Part I - Audit Results

Audit Background

Deployable Medical Systems. The Deployable Medical Systems (DEPMEDS) are standardized modular field hospitals that can be pre-positioned in the event of a contingency, national emergency, or war operations. DEPMEDS increase the capabilities of the Military Departments for providing adequate care to deployed forces. DEPMEDS use shipping containers for their self-contained hospital facilities, such as pharmacies, radiology laboratories, and surgery clinics.

Joint Vision 2010. In July 1996, the Chairman of the Joint Chiefs of Staff issued Joint Vision 2010. Joint Vision 2010, which emphasizes modern and emerging technologies and innovations, establishes the strategy for providing health services support for future battlefield situations. The strategy outlines the deployment of small, mobile, and capable facilities to provide medical care in theater. The facilities must be flexible and adaptable to specific missions that range from major theater wars to operations other than war. The new approach to theater medical care resulted from the end of the Cold War and the downsizing of DoD.

Air Force DEPMEDS. The Air Force DEPMEDS are air transportable clinics, air transportable hospitals, and contingency hospitals. Air transportable clinics provide limited outpatient and short-term care, cardiac life support, and limited laboratory and patient holding capability. Air transportable hospitals provide casualty and trauma screening and management; resuscitative, general, and orthopedic surgical stabilization; dental and psychiatric services; and evacuation preparation of patients from forward locations. Contingency hospitals provide general and specialized surgery, dental and medical care, and stabilization of patients for further air evacuation. Other medical platforms and war reserve material (WRM) assets warehoused by the Air Force at Fort Worth, Texas, are mobile aeromedical staging facilities and required patient movement items, hospital surgical expansion packages, resupply packages for air transportable hospitals, WRM assets on loan to other Air Force units, decommissioned WRM, and centrally procured assets and specialty sets. The total value of WRM assets on hand at Fort Worth is about \$45.5 million. Of the \$45.5 million, \$4.5 million is WRM assigned for DEPMEDs (10 air transportable hospitals) and \$7.9 million is associated with the other medical platforms and WRM assets. The remaining \$33.1 million is unneeded WRM.

Air Force Office Responsible for Medical WRM. The Air Force Medical Support Agency is a field operating agency headquartered at Brooks Air Force Base, Texas. Its mission is to improve global performance, capability, and cost-effectiveness of medical services in supporting combat forces and

maintaining the health of beneficiaries. The Medical Logistics Division of the Air Force Medical Support Agency develops plans and policies concerning medical materiel, biomedical equipment maintenance and repair, service contracts, medical materiel support, and medical facilities management for medical service missions during peacetime and war. The Air Force Medical Logistics Office (AFMLO), Fort Detrick, Maryland, is an operational element of the Medical Logistics Division. It functions as an operational control center for medical material in direct support of all base medical facilities, major commands, Air Force Reserve, Air National Guard, and various Defense supply centers. It is the single Air Force manager of medical commodities and provides the base and major command technical operational guidance to medical materiel maintenance organizations. Medical WRM is stored in Government warehouses at Fort Worth, and at the Marine Corps Logistics Support Base, Albany, Georgia. The Air Force is planning to close the Albany warehouse in March 1998, and has shipped the resupply packages for the air transportable hospitals to the warehouse in Fort Worth. The AFMLO is deciding how to dispose of the remaining \$14 million in material stored at Albany.

Medical Logistics System. The Medical Logistics System (MEDLOG) is a data base, managed by the Air Force Medical Support Agency, that tracks and identifies requisitions, purchases, receipts, inventory levels, issues, and shipments for Air Force medical stock record accounts. It maintains accountable records, storage locations, and expiration dates and is used to control Air Force medical equipment and supply material for military treatment facilities and DEPMEDS. Additionally, it allows Air Force managers to track the age of shelf-life items, to identify material available for shipment to Air Force, identify unit overages and shortages, and to determine the percentage of fill. MEDLOG generates a Stock Status Work List, which monitors the monthly processing of medical WRM.

Defense Inventory Management. The 1996 and 1997 edition of the DoD Logistics Strategic Plan set inventory reduction as one of several goals aimed at streamlining the logistics infrastructure. The Strategic Plan states that every logistics dollar expended on unneeded inventory is a dollar not available to build, modernize, or maintain warfighting capability.

Audit Objectives

The overall audit objective was to determine whether DEPMEDS operations are managed effectively and efficiently. The specific objective of this report was to determine how the Air Force accounted for and managed \$45.5 million of medical WRM at Fort Worth. We also reviewed the adequacy of the management control program as it applied to the specific objective.

This report is the first in a series of reports on the management of the DEPMEDS operations. We plan to issue additional reports on the Military Departments' efficiency and effectiveness of DEPMEDS operations. See Appendix A for a discussion of the scope and methodology and of our review of the management control program. See Appendix B for a summary of prior coverage related to the audit objectives.

Medical War Reserve Material

The AFMLO warehoused about \$33 million of medical WRM that was not needed to satisfy DEPMEDS requirements. This unneeded material was maintained because the AFMLO did not initiate action to timely dispose of material no longer required to support DEPMEDS. Timely disposal of the unneeded medical WRM would allow DoD to reduce leased warehouse costs by about \$260,000 annually. Air Force Operation and Maintenance appropriations of \$1.6 million could be put to better use over the Future Years Defense Program for FY 1999 through FY 2004. Additional benefits associated with administrative and operating costs of the warehouse and reutilization of the unneeded material by other Government entities will occur as a result of the disposal.

Inventory

The AFMLO warehoused medical WRM that was not needed to satisfy DEPMEDS requirements. The Stock Status Work List identified 4,187 items of medical WRM, totaling about \$45.5 million, that were stored at Fort Worth as of November 30, 1997. The November 1997 Stock Status Work List showed that \$33.1 million of the \$45.5 million of medical WRM warehoused at Fort Worth was not needed. Table 1 shows unneeded medical WRM reported by AFMLO, and warehoused at Fort Worth during 1995, 1996, and 1997.

Table 1. Fort Worth Inventory for FYs 1995 Through 1997

	<u>1995¹</u>	<u>1996²</u>	<u>1997³</u>
Active DEPMEDS ⁴	\$11.4	\$11.8	\$12.4
Unneeded WRM	<u>36.9</u>	<u>37.2</u>	<u>33.1</u>
Total Inventory	\$48.3	\$49.0	\$45.5

¹Annual physical inventory report dated October 31, 1995.

²Annual physical inventory report dated September 30, 1996.

³Monthly Stock Status Work List dated November 30, 1997.

⁴Medical WRM assigned to valid DEPMEDS projects.

As shown in Table 1, the unneeded inventory at Fort Worth has consistently accounted for an average of 75 percent of the total inventory. AFMLO medical logistics personnel at Fort Worth reduced the unneeded inventory by \$3.8 million from FY 1995 through FY 1997. Table 2 shows examples of unneeded medical WRM warehoused at Fort Worth, and compares the number of Air Force required line items to the quantities on hand as of December 5, 1997.

Medical War Reserve Material

Table 2. Examples of Medical WRM

<u>Item</u>	<u>Required</u>	<u>On-hand</u>	<u>Unneeded</u>	<u>Dollar Value</u>
Adhesive tape	0	1,191	1,191	\$ 6,932
Anesthesia ventilator	14	20	6	46,873
Blood gas analyzer	0	8	8	60,504
Blood plasma refrigerator	0	3	3	49,574
Cardiovascular guide wire	0	43	43	12,145
Catheter guide wire	0	47	47	13,547
Defibrillator	18	21	3	25,548
Disposable arterial catheter	0	86	86	6,753
Electric dental amalgamator	4	12	8	2,220
Field operating table	0	9	9	30,755
Metal field commode	16	140	124	13,005
Humidifier inhalation apparatus	16	215	199	17,922
Medical ward tent	2	107	105	3,574,268
Mobile screen X-ray projector	4	16	12	9,511
Refrigerator-freezer	24	76	52	37,134
Suction/press surgical apparatus	0	38	38	40,405
Surgical knife blade	1	60	59	3,337
Two-wheeled hand truck	0	195	195	12,870
X-ray apparatus	0	17	17	7,193,517

Some of the items warehoused at Fort Worth had no DEPMEDS requirement. For example, 17 X-ray apparatus costing about \$7.2 million were not required in any of the Air Force DEPMEDS.

Disposal of Unneeded Inventory. The \$33.1 million of unneeded medical WRM was stored at Fort Worth because the Air Force did not initiate action for the timely disposal of material no longer required to support DEPMEDS. DoD Regulation 4140.1-R, "DoD Material Management Regulation," January 25, 1993, states that material shall be retained in inventory in quantities sufficient to support the number of systems in use and quantities shall be reduced in proportion to any reduction. Air Force Manual 23-110, volume 5, "Medical Material Management System," February 24, 1997, provides that stock in excess of requirements is potential reutilization stock and shall be subject to transfer to the disposal organization. The Manual further provides that logistics personnel should also eliminate wasteful retention practices and achieve cost savings in the retention of stock by the timely handling of disposals. Air Force policy requires the canvassing of other Air Force units, Military Departments, and other DoD organizations for possible use of items before they are

disposed of through the Defense Reutilization and Marketing Office. AFMLO personnel informed us that they did not initiate disposal procedures for the unneeded medical WRM because they planned to use the material for proposed specialty sets.

Specialty sets are additional medical modules that would enhance the capabilities of existing DEPMEDS. The Air Force is developing 27 specialty sets, such as angiography-fluoroscopy, endodontics, mental health augmentation, pediatrics, periodontics, and urology. In its development of specialty sets, the Air Force is developing draft tables of allowances, which show the material needed for each specialty set. The Surgeon General of the Air Force is expected to approve nine draft tables of allowances in the Spring of 1998. As part of our audit work, we requested AFMLO personnel to use the draft tables of allowances to determine how much of the unneeded medical WRM at Fort Worth could be used in the specialty sets. AFMLO personnel identified about \$129,000 of the \$33.1 million of unneeded medical WRM stored at Fort Worth that could be used in the proposed specialty sets. The remaining \$33 million was not needed for DEPMEDS requirements. Draft tables of allowances for the remaining 18 specialty sets were not fully developed. However, if the proportion of usable unneeded material for the remaining 18 medical would be comparable to the first 9 specialty sets, then maintaining the unneeded material would cost more than disposing of it immediately and replacing it if necessary.

Effect of Warehousing Unneeded Material. Disposing of unneeded medical WRM will help DoD reduce leased warehouse costs by about \$260,000 annually. Although the unneeded medical WRM accounted for \$33.1 million (73 percent) of the inventory, it occupied about 117,385 square feet (31 percent) of the total 378,660 square feet of warehouse space. AFMLO occupies five bays in one warehouse and four bays in another. The unneeded medical WRM is stored in two full bays in one warehouse and two partial bays in the second. Disposing of the unneeded medical WRM would enable the Air Force to return three storage bays to the General Services Administration, which requires a 120-day written notice of intent to terminate use of space. Termination costs would not be incurred. AFMLO personnel agreed with our costing methodology. By disposing of the unneeded inventory and reducing warehouse space, DoD could put to better use about \$1.6 million of Air Force Operation and Maintenance appropriations for FYs 1999 through 2004 Future Year Defense Program.

Our estimate of the annual costs associated with the unneeded material is conservative. We did not quantify cost avoidance or funds put to better use associated with reduced administrative costs or operating costs, such as salaries and benefits. Warehouse operating costs at Fort Worth totaled about \$1.2 million in FY 1997, excluding military salaries. Additional funds may be put to better use if a portion of the unneeded material is used by other Government entities as a result of the disposal process. The benefits associated with reductions in administrative and operating costs, and with reutilized material not needed at Fort Worth should be quantified as the disposal process occurs.

Medical War Reserve Material

The Air Force can contribute toward the DoD goal to reduce supply inventory by \$12 billion by year 2000 by improving its management of warehousing and disposing of unneeded medical WRM.

Recommendations for Corrective Action

We recommend that the Commander, Air Force Medical Support Agency, Office of the Air Force Surgeon General:

1. Direct the Chief, Air Force Medical Logistics Office to dispose of unneeded medical war reserve material.
2. Return the leased space to the General Services Administration that was made available by the disposing of unneeded medical war reserve materiel.

Management Comments Required. Comments from the Air Force were received too late to be considered in preparing the final report. Therefore, if the Air Force does not submit additional comments, we will consider the comments received as the response to the final report.

Part II - Additional Information

Appendix A. Audit Process

Scope and Methodology

We discussed medical WRM requirements with medical logistics personnel to obtain requirements for the line items on hand at Fort Worth. We also reviewed annual physical inventory reports dated October 31, 1995, and September 30, 1996, and the November 30, 1997, Stock Status Work List. We selected 25 line items, valued at about \$8 million, from the work list and compared reported quantities with actual quantities on hand to verify the accuracy of the accountable records. We also selected 25 line items, valued at about \$4 million, from various storage locations and compared quantities on hand with the work list. We found no significant differences between the perpetual inventory generated by the MEDLOG and the actual on-hand inventory for the line items selected. Additionally, we verified that 31 line items of unneeded medical WRM, valued at about \$2.6 million, in FY 1997 were properly disposed of by AFMLO and were properly accounted for at the disposal activity. We reviewed documentation covering the period from October 31, 1995, through February 18, 1998. We did not use statistical sampling procedures for this audit. The items reviewed were judgmentally selected, and the results cannot be projected to the universe of the medical WRM stored at Fort Worth.

DoD-wide Corporate Level Government Performance and Results Act Goals. In response to the Government Performance and Results Act, the DoD has established 6 DoD-wide corporate level performance objectives and 14 goals for meeting these objectives. This report pertains to achievement of the following objective and goal.

Objective: Fundamentally reengineer DoD and achieve a 21st century infrastructure. **Goal:** Reduce costs while maintaining required military capabilities across all DoD mission areas. (DoD-6)

National Performance Review Reinvention Impact Center Goal. This report relates to achievement of the goal of reducing supply inventory by \$12 billion by year 2000. (ACQ-3.3)

DoD Functional Area Reform Goals. Most major DoD functional areas have also established performance improvement reform objectives and goals. This report pertains to achievement of the following functional area objectives and goals.

- **Health Care Functional Area. Objective:** Ensure joint medical readiness capabilities. **Goal:** Align our resources to support the prioritized requirements of our operational forces. (MHS-1.3)
- **Logistics Functional Area. Objective:** Streamline logistics infrastructure. **Goal:** Implement most successful business practices (resulting in reductions of minimally required inventory levels). (LOG-3.1)

General Accounting Office High Risk Area. The General Accounting Office has identified several high risk areas in DoD. This report provides coverage of the Defense Inventory Management high risk area.

Use of Computer-Processed Data. We used computer-processed information and reports for medical equipment and supply data that were generated by the MEDLOG. To the extent that we used the computer-processed data, we determined that there were no significant differences between inventory levels and the computer-processed data that would preclude use of the computer-processed data in arriving at our audit conclusions.

Audit Type, Dates, and Standards. We performed this economy and efficiency audit from September 1997 through January 1998, in accordance with auditing standards issued by the Comptroller General of the United States, as implemented by the Inspector General, DoD. Accordingly, we included tests of management controls considered necessary.

Contacts During the Audit. We visited or contacted individuals and organizations within DoD. Further details are available upon request.

Management Control Program

DoD Directive 5010.38, "Management Control Program," August 26, 1996, requires DoD organizations to implement a comprehensive system of management controls that provides reasonable assurance that programs are operating as intended and to evaluate the adequacy of the controls.

Appendix A. Audit Process

Scope of Review of Management Control Program. We reviewed the adequacy of Air Force management controls over accountability and inventory levels of medical WRM at Fort Worth. Specifically, we reviewed Air Force management controls over maintaining accurate inventory records of medical WRM on hand, and turn in of excess material. We also reviewed Air Force management controls for ensuring that inventory levels were kept to a minimum and that only medical WRM needed for valid DEPMEDS was warehoused. We reviewed management's self-evaluation applicable to those controls.

Adequacy of Management Controls. At the Air Force industrial operation center at Fort Worth, we identified a material management control weakness, as defined by DoD Directive 5010.38, in the management of medical WRM inventory. Management controls within the Air Force industrial operation center ensured that adequate accountability was maintained over medical WRM at Fort Worth; however, it did not ensure that only the medical WRM needed to support valid DEPMEDS was warehoused. The recommendations, if implemented, may reduce warehousing costs by about \$260,000 annually. A copy of the report will be provided to the senior official in charge of management controls for the Air Force.

Adequacy of Management's Self-Evaluation. The Air Force identified medical logistics as an assessable unit. However, in its self-evaluation, the Air Force did not identify the specific material management control weakness identified by the audit because the evaluation covered a much broader area.

Appendix B. Summary of Prior Coverage

General Accounting Office

General Accounting Office Report No. NSIAD 97-71 (OSD Case No. 1284), "Defense Logistics: Much of the Inventory Exceeds Current Needs," February 28, 1997. The report concludes that half of the DoD \$69.6 billion inventory of spare parts, medical supplies, hardware, food, and clothing is either obsolete or rarely used. The underlying causes include outdated and inefficient inventory management practices, inadequate inventory oversight, weak financial accountability, and overstated requirements. The report contained no recommendations.

Department of the Army

Army Audit Agency Report No. AA-98-1, "Audit of the Management of Deployable Medical Systems," October 9, 1997. The report concludes that the Army has more DEPMEDS sets than needed to satisfy its deployment requirements. Specifically, 14 DEPMEDS sets costing about \$158 million were no longer required to support wartime health care needs. Further, the report concluded that the Army was storing about \$86 million of additional equipment that was not needed to support the DEPMEDS sets. The report recommended reducing the requirement for 14 DEPMEDS and eliminating unneeded support WRM. Management generally concurred with both recommendations.

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